

**CLAIMS ONLY**

Application Number

Application Number  
10/534593

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18	1					
19	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	29					
Total Claims	32					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
63						
64						
65						
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67						
68						
69						
70						
71						
72						
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74						
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						